

**A Healthier You (AHY) Participation Report Request Form**

Please complete this form and return to[**AHY@BlueKC.com**](mailto:AHY@BlueKC.com)for processing.

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| --- | --- | --- | --- |
| **TODAY’S DATE:** |  | **GROUP NAME:** |  |
| **A HEALTHIER YOU CONTACT:** | [AHY@BLUEKC.COM](mailto:AHY@BLUEKC.COM) | **GROUP ID NUMBER:** |  |
| **PARTIPATION DATA SHARING POLICY** | * Participation data will be shared monthly prior to the completion deadlines provided on this form. * The final completion report will be provided following the completion deadlines submitted on this form. * Participation data will include Active Blue KC Medical Subscribers * A Healthier You Engagement Report will be provided bi-annually based on Wellness Program Year to demonstrate overall participation and engagement in the various aspects of AHY portal. | | |
| **CLIENT CONTACT NAME AND EMAIL ADDRESS:** |  | | |
| **PARTICIPATION DATA REQUESTED** | *Indicate with an X which data elements are needed for participation reporting.* | | |
| **HEALTH RISK ASSESSMENT** |  | COMPLETION DEADLINE |  |
| **BIOMETRIC SCREENING** |  | COMPLETION DEADLINE |  |
| **POINTS** | *Insert Number of Points needed to reach for reporting purposes* | COMPLETION DEADLINE |  |
| **EMPLOYER SPONSORED INCENTIVE** | Specify what your internal group incentive is | | |
| **PREVENTIVE EXAM** | *Data Extract Agreement Required* | | |
| **OTHER REQUESTS** | *Contact* [*AHY@BlueKC.com*](mailto:AHY@BlueKC.com) *for data requests not captured on this form* | | |

**\*Please note if you will require new hires to complete the data components**

*\*\*Based on current regulations, a wellness program offering an incentive that requires individuals to provide health information by completing a Health Risk Assessment and/or Biometric Screening is not voluntary. Blue KC recommends if you are using Health Risk Assessment and/or Biometric Screening participation data to award incentives, please review your design with your legal team to ensure compliance with current EEOC regulations.*

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